

W Z

1. NAME (First, MI, Last, and optional suffix such as Jr., III)		2. Social Security Number - -		3. Other name(s) under which Your records are filed		DATE	
4. Mailing Address		5. Street Address (if different)		6. City or Town		7. State	
						8. Zip Code	
9. Home Phone		10. Sex ____ Male ____ Female		11. Date of Birth / / mo. day yr.		RETURN TO: DEPARTMENT OF EDUCATION CERTIFICATION OFFICE 23 STATE HOUSE STATION, AUGUSTA, ME 04333-0023	

1. Have you ever been convicted of any crime other than a minor traffic offense? ____ YES ____ NO
2. Have you ever had any professional or paraprofessional certificate suspended or revoked in any state or voluntarily surrendered a professional or paraprofessional license or certificate? ____ YES ____ NO
3. Have you ever resigned following allegations of physical or sexual abuse? ____ YES ____ NO

Have you had your fingerprints taken as required by the Criminal History Record Check? (See enclosed instructions.)

☐ YES ☐ NO

If yes, where: _____ Date: _____

SIGNATURE OF APPLICANT _____ DATE _____

[illegible]

540 Attendance Officer	549 Director of Data Services	558 School Social Worker
541 Athletic Trainer	550 Director of Transportation	559 Secretary
542 Bus Driver	551 Employment Coordinator	560 Speech Clinician (Licensed-not certified)
543 Bus Mechanic	552 Food Services Assistant	561 Substitute
544 Business Administrator/Manager	553 Food Services Manager	562 Supervisor of Food Services
545 Co-Curricular (non-athletic)	554 Food Services Specialist	563 Supervisor of Buildings/Grounds
546 Coach	555 Occupational Therapist	564 Tutor
547 Custodian/Maintenance	556 Physical Therapist	565 Volunteer Coordinator
548 Director of Bilingual	557 School Psychologist (Licensed-not certified)	566 Individual Contracted Services